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DATE: 1-5-99

TO: _____

FROM: Office of Initial Patent Examination
Unit 7 (RAM Team)

SUBJECT: Insufficient Funds

Deposit account number 19-2179

On 1-5-99 there were insufficient funds available to
charge the attached fee.

If you have any question, please contact Joyce Warren (Supervisor, RAM
Team) on 308-3616.

Terminal Operator: *Butler*

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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 218783

Total Fee Calculation

Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=	Total
Sm/Lg.					Sm. Entity	Lg. Entity	
Basic Filing Fee	<u>201/101</u>					<u>/</u>	<u>760</u>
Total Claims >20	<u>203/103</u>	<u> </u>	<u>-20 =</u>	<u> </u>	X		
Independent Claims >3	<u>202/102</u>	<u> </u>	<u>-3 =</u>	<u> </u>	X		
Mult. Dep Claim Present	<u>204/104</u>						
Surcharge	<u>205/105</u>						
English Translation	<u>139</u>					<u>130</u>	<u>130</u>
<u>TOTAL FEE CALCULATION</u>							<u>890</u>

Fees due upon filing the application:

Total Filing Fees Due = \$ 890.00

Less Filing Fees Submitted - \$

BALANCE DUE = \$ 890.00

Battler
Office of Initial Patent Examination